

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

09/808783

FILING DATE

APPLICANT(S)

1/10/85

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DER.	IND.	DER.	IND.	DER.		IND.	DER.	IND.	DER.	IND.	DER.
1							51						
2							52						
3							53						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	1	2	2			TOTAL IND.						
TOTAL DER.	12	12	11	11			TOTAL DER.						
TOTAL CLAIMS	13	13	13	13			TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS